

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008380

FILED
Jan 27, 2012
Secretary of State

Entity Name: DOCTORS HOSPITAL, INC.

Current Principal Place of Business:

5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

New Principal Place of Business:

5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33146 US

Current Mailing Address:

5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33146

New Mailing Address:

5000 UNIVERSITY DRIVE
CORAL GABLES, FL 33146 US

FEI Number: 04-3775926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRIEDMAN, DAVID R
6855 RED ROAD
SUITE 500
CORAL GABLES, FL 33143 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: LAZO, NELSON
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: C
Name: KENYON, NORMAN M
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: VC
Name: STOKES, ROBERTA
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: S
Name: SHUFFIELD, RONALD A
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

Title: T
Name: BARKER, JAMES T
Address: 5000 UNIVERSITY DRIVE
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NELSON LAZO

CEO

01/27/2012

Electronic Signature of Signing Officer or Director

Date